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Under the Paperwork Reduction act or 1995, no yearcase are required to respond to a collection of information unless it displays a valid OMB control number. 09/781,586 Application Number 9 February 2001 REVOCATION OF POWER OF Filing Date Leonard S. Girsh First Named Inventor ATTORNEY OR Group Art Unk AUTHORIZATION OF AGENT Examiner Name GIR-T104 Attorney Docket Number I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application: A Power of Attorney or Authorization of Agent is submitted herewith. OR Please change the correspondence address for the above-identified application to: Place Customer 23,567 Number Bar Code Label Here OR Firm or Individual Name Address Address City ZIP State Country Telephone | am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assigned of Record Leonard S. Girsh, M.D. Name Signature NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algnature is required, see below".